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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000032529 (7)**

1. Corporation Name

BEAR DISCOUNT GROCERY & SURPLUS, INCORPORATED

Principal Place of Business	Mailing Address
5641 PINE ROCK RD ORLANDO FL 32810 US	5641 PINE ROCK RD ORLANDO FL 32810

3. Date Incorporated or Qualified: **04/27/1994**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21 3802 BRYN MAWR
Suite, Apt. #, etc.
22 Suite B
City & State
23 ORLANDO, FL.
Zip 24 32810 Country 25 ORANGE

2a. Mailing Address
26 3802 BRYN MAWR
Suite, Apt. #, etc.
27 Suite B
City & State
28 ORLANDO, FL
Zip 29 32810 Country 30 ORANGE

4. FEI Number: **59-3296359** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEASLES, ERBIE B
5641 PINE ROCK RD
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: Clyde Hudson
82 Street Address (P.O. Box Number is Not Acceptable): 202 Crown Oaks Way
83
84 City: Longwood FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Clyde Hudson Clyde Hudson - Pres. 5-7-96
Signature of Officer or Director of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEASLES, ERBIE B % 5641 PINE ROCK RD ORLANDO FL 32810 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres. Hudson, Clyde 202 Crown Oaks Way Longwood, FL. 32779 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEASLES, CAROLYN S % 5641 PINE ROCK RD ORLANDO FL 32810 ☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secy. Hudson, Betty C. 831 Loch Calder Dr. #25 Apopka, FL. 32712 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clyde Hudson Clyde Hudson 5/7/96 (407) 292-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #